

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

HealthSouth Corporation Political Action Committee

ADDRESS (number and street) ▼

3660 Grandview Parkway, Suite 200

☐ Check if different than previously reported. (ACC)

Birmingham

AL

35243

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00414649

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
03 01 2013

through

M M M / D D D / Y Y Y Y Y Y
03 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Edmund M. Fay

Signature of Treasurer

Edmund M. Fay

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
04 19 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HealthSouth Corporation Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 01 2013 To: M M / D D / Y Y Y Y Y Y
03 31 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2013		30361.64
(b) Cash on Hand at Beginning of Reporting Period.....	37931.60	
(c) Total Receipts (from Line 19)	5500.48	16070.44
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	43432.08	46432.08
7. Total Disbursements (from Line 31)	15000.00	18000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28432.08	28432.08
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HealthSouth Corporation Political Action Committee

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
03 01 2013

To:

M M / D D / Y Y Y Y Y Y
03 31 2013

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

2829.10

5450.83

(ii) Unitemized

2671.38

10619.61

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5500.48

16070.44

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

5500.48

16070.44

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

**19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶**

5500.48

16070.44

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

5500.48

16070.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	18000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15000.00	18000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15000.00	18000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5500.48	16070.44
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5500.48	16070.44
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Frank Brown, Jr.

Mailing Address 24507 Old Windmill Trail

City State Zip Code
Hockley TX 77447

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthSouth Corporation

Occupation

Regional President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 15 / 2013

Transaction ID : SA11Al.15734

Amount of Each Receipt this Period

80.00

Payroll Deduction (\$40, 2 weeks)

Full Name (Last, First, Middle Initial)

B. Dr. Dexanne B. Clohan

Mailing Address 2351 River Grand Drive

City State Zip Code
Birmingham AL 35243

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthSouth Corporation

Occupation

Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1152.00

Date of Receipt

03 / 15 / 2013

Transaction ID : SA11Al.15740

Amount of Each Receipt this Period

384.00

Payroll Deduction (\$192, 2 weeks)

Full Name (Last, First, Middle Initial)

C. Edmund M. Fay

Mailing Address 527 Valley Road

City State Zip Code
Birmingham AL 35206

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthSouth Corporation

Occupation

SVP Treasury

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.00

Date of Receipt

03 / 15 / 2013

Transaction ID : SA11Al.15749

Amount of Each Receipt this Period

166.00

Payroll Deduction (\$83, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

630.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Jerry Gray

Mailing Address 7130 East Saddleback Street
Apt. 56

City State Zip Code
Mesa AZ 85207

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthSouth Corporation

Occupation

SVP Inpatient Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

336.00

Date of Receipt

03 / 15 / 2013

Transaction ID : SA11AI.15753

Amount of Each Receipt this Period

112.00

Payroll Deduction (\$56, 2 weeks)

Full Name (Last, First, Middle Initial)

B. William House

Mailing Address 1739 Lake Cyrus Club Drive

City State Zip Code
Hoover AL 35244

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthSouth

Occupation

Regional Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

03 / 15 / 2013

Transaction ID : SA11AI.15757

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$50, 2 weeks)

Full Name (Last, First, Middle Initial)

C. Justin Hunter

Mailing Address 5221 42nd Street NW

City State Zip Code
Washington DC 20015

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthSouth

Occupation

VP Government and Regulatory Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

03 / 15 / 2013

Transaction ID : SA11AI.15758

Amount of Each Receipt this Period

80.00

Payroll Deduction (\$40, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

292.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Barbara Jacobsmeyer

Mailing Address 3908 Herman's Lake Ct

City

Florissant

State

MO

Zip Code

63034

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthSouth

Occupation

Healthcare Facility Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 15 / 2013

Transaction ID : SA11Al.15760

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$50, 2 weeks)

Full Name (Last, First, Middle Initial)

B. David Klementz

Mailing Address 808 Parkview Circle

City

Birmingham

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthSouth

Occupation

CFO - Inpatient Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

03 / 15 / 2013

Transaction ID : SA11Al.15764

Amount of Each Receipt this Period

116.00

Payroll Deduction (\$58, 2 weeks)

Full Name (Last, First, Middle Initial)

C. Thomas Langley

Mailing Address 1203 Elm Drive

City

Alabaster

State

AL

Zip Code

35007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthsouth

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

03 / 15 / 2013

Transaction ID : SA11Al.15766

Amount of Each Receipt this Period

100.00

Payroll Deduction (\$50, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

316.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Peter M. Mantegazza

Mailing Address 38 Madeline Drive

City

Ridgefield

State

CT

Zip Code

06877

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthSouth Corporation

Occupation

Regional President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

03 / 15 / 2013

Transaction ID : SA11Al.15771

Amount of Each Receipt this Period

76.00

Payroll Deduction (\$38, 2 weeks)

Full Name (Last, First, Middle Initial)

B. Robert W. McCallum III

Mailing Address 3405 Watertown Place

City

Vestavia Hills

State

AL

Zip Code

35243

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthSouth Corporation

Occupation

Chief Tax Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.00

Date of Receipt

03 / 15 / 2013

Transaction ID : SA11Al.15772

Amount of Each Receipt this Period

76.00

Payroll Deduction (\$38, 2 weeks)

Full Name (Last, First, Middle Initial)

C. Ed Mowen

Mailing Address 8613 Highlands Drive

City

Trussville

State

AL

Zip Code

35173

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthSouth

Occupation

Regional Controller

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

03 / 15 / 2013

Transaction ID : SA11Al.15776

Amount of Each Receipt this Period

160.00

Payroll Deduction (\$80, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

312.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Sandra Murvin

Mailing Address 1831 28th Ave South
Suite 330

City State Zip Code
Birmingham AL 35209

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthSouth

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11Al.15778

Amount of Each Receipt this Period

80.00

Payroll Deduction (\$40, 2 weeks)

Full Name (Last, First, Middle Initial)

B. Andrew L. Price

Mailing Address 381 Greystone Glen Circle

City State Zip Code
Birmingham AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthSouth Corporation

Occupation

Chief Accounting Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11Al.15786

Amount of Each Receipt this Period

200.00

Payroll Deduction (\$100, 2 weeks)

Full Name (Last, First, Middle Initial)

C. James A. Simpson

Mailing Address 4285 Lexie Circle

City State Zip Code
Trussville AL 35173

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthsouth

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
03 / 15 / 2013

Transaction ID : SA11Al.15789

Amount of Each Receipt this Period

120.00

Payroll Deduction (\$60, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mark J Tarr

Mailing Address 1039 Williams Trace

City State Zip Code
 Birmingham AL 35242

FEC ID number of contributing federal political committee.

C

Name of Employer

HealthSouth

Occupation

President - Inpatient Division

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

690.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 15 2013

Transaction ID : SA11AI.15796

Amount of Each Receipt this Period

230.00

Payroll Deduction (\$115, 2 weeks)

Full Name (Last, First, Middle Initial)

B. John Whittington

Mailing Address 2716 Watkins Glen Drive

City State Zip Code
 Birmingham AL 35216

FEC ID number of contributing federal political committee.

C

Name of Employer

HealthSouth

Occupation

General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1065.78

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 15 2013

Transaction ID : SA11AI.15802

Amount of Each Receipt this Period

355.26

Payroll Deduction (\$177.63, 2 weeks)

Full Name (Last, First, Middle Initial)

C. Linda Masone Wilder

Mailing Address 2335 Ridge Trail

City State Zip Code
 Birmingham AL 35242

FEC ID number of contributing federal political committee.

C

Name of Employer

HealthSouth

Occupation

Senior VP Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 15 2013

Transaction ID : SA11AI.15803

Amount of Each Receipt this Period

140.00

Payroll Deduction (\$70, 2 weeks)

SUBTOTAL of Receipts This Page (optional)..... ►

725.26

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. Arthur E Wilson Jr.

Mailing Address 5947 South Shades Crest Rd

City

Bessemer

State

AL

Zip Code

35022

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthSouth

Occupation

Senior VP Real Estate

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.52

Date of Receipt

03 / 15 / 2013

Transaction ID : SA11AI.15805

Amount of Each Receipt this Period

153.84

Payroll Deduction (\$76.92, 2 weeks)

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

153.84

2829.10

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. BILL SHUSTER FOR CONGRESS

Mailing Address PO BOX 27

City	State	Zip Code
HOLLIDAYSBURGH	PA	16648

Purpose of Disbursement

Candidate Name

WILLIAM MR. SHUSTER

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: PA District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2013

Transaction ID : SB23.15703

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CHUCK FLEISCHMANN FOR CONGRESS COMMITTEE, INC.

Mailing Address P.O. BOX 11091

City	State	Zip Code
CHATTANOOGA	TN	37401

Purpose of Disbursement

Candidate Name

CHARLES J FLEISCHMANN

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: TN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2013

Transaction ID : SB23.15707

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF MAX BAUCUS

Mailing Address PO BOX 586

City	State	Zip Code
HELENA	MT	59624

Purpose of Disbursement

Candidate Name

MAX BAUCUS

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: MT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2013

Transaction ID : SB23.15704

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. GEORGIANS FOR ISAKSON

Mailing Address POST OFFICE BOX 250116

City	State	Zip Code
ATLANTA	GA	30325

Purpose of Disbursement

Candidate Name

JOHN HARDY ISAKSON

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2016

☐ Primary
☒ General
☐ Other (specify) ▼

State: GA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2013

Transaction ID : SB23.15706

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. MARK PRYOR FOR US SENATE

Mailing Address PO BOX 2720

City	State	Zip Code
LITTLE ROCK	AR	72203

Purpose of Disbursement

Candidate Name

MARK LUNSFORD PRYOR

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary
☒ General
☐ Other (specify) ▼

State: AR District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	12	/	2013

Transaction ID : SB23.15702

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. MCCONNELL SENATE COMMITTEE '14

Mailing Address PO BOX 1496

City	State	Zip Code
LOUISVILLE	KY	40201

Purpose of Disbursement

Candidate Name

MITCH MCCONNELL

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary
☐ General
☐ Other (specify) ▼

State: KY District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	27	/	2013

Transaction ID : SB23.15724

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HealthSouth Corporation Political Action Committee

Full Name (Last, First, Middle Initial)

A. MCCONNELL SENATE COMMITTEE '14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		27		2013

Mailing Address PO BOX 1496

City	State	Zip Code
LOUISVILLE	KY	40201

Purpose of Disbursement

Candidate Name

MITCH MCCONNELL

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary
☒ General
☐ Other (specify) ▼

State: KY District: 00

Category/
Type**Transaction ID : SB23.15725**

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary
☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary
☐ General
☐ Other (specify) ▼

State: District:

Category/
Type

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

15000.00
